

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/554164  
28 JUN 2006

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		3	x			
8		3	x			
9		3	x			
10		3	x			
11		3	x			
12		3	x			
13		3	y			
14		3	y			
15		3	x			
16		3	x			
17		3	x			
18		3	x			
19		3	x			
20		3	x			
21		3	y			
22						
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50						
TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	50	←		←	←	
TOTAL CLAIMS	51					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						